L23000474734

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2023 CCT 24 KH 7: 17

c/ 11/3/2023

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

PEREZMA SUBJECT:	ARIANELAREALTY LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIANELA PEREZ		
		Name of Person	
		Firm/Company	
	2472 ALLEGRO AVE		
		Address	· · · · · · · · · · · · · · · · · · ·
	SPRING HILL Florida, 34	1609-3301	
		City/State and Zip Code	
	marirealestateflr@gmail.co	m to be used for future annual report noti	<u> </u>
For further information c	oncerning this matter, please c	-	ncation)
MARIANELA PEREZ		352 7778365	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	-4:
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 GCT 24 AH 7: 17

PEREZMARIANELAREALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 10/16/2023	and assigned
Florida document number L23000474734		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
PEREZ MARIANELA, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	1	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the na	
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. O	familiar with and t, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		□Remove	
		□ Change	
		□Add	
		□Remove	
		Change	
		□ Add	
			□ Remove
			☐ Change
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Remove	
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi Note:	ve date, if other than the date of filing:
the record cord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Jant 1
	Signature of a member of authorized representative of a member
	MARIANELA PEREZ
	Typed or printed name of signee

Filing Fee: \$25.00